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Please respond to
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To "pubrec@fec.gov" <pubrec@fec.gov>,

cc "lason701@yahoo.com" <lason701@yahoo.com>,
"R.e.a.l._2014@outlook.com" <R.e.a.l._2014@outlook.com>

bcc

Subject Amended FEC FORM 1

1 attachment



Ammended Statement filed 10.08.2014.pdf

FEDERAL ELECTION COMMISSION
999 E Street, NW
Washington, DC 20463

October 8, 2014

RE: C00568535

REFORM FOR ELECTING AMERICAN LEGISLATORS (*superPAC*)

Dear Sir / Madam,

I have attached a PDF file of our **amended** "STATEMENT OF ORGANIZATION", FEC FORM 1 for your review and records.

Please make note of the address, phone, and banking changes.

Please advise if this need to be sent to a different efile contact for amended FEC FORM 1 filing completion.

Thank You,

Laura Kimer, C.E.O.
Jill Wilson, Treasurer

P.O. Box 162
Xenia, OH. 45385

140N-120-1460

FEC
FORM 1

STATEMENT OF
ORGANIZATION

Office Use Only

1. NAME OF
COMMITTEE (in full)

☐

(Check if name
is changed)

Example: If typing, type
over the lines.

12FE4M5

R E F O R M F O R E L E C T I N G A M E R I C A N L E G I S L A T O R S

ADDRESS (number and street)

P O B O X 1 0 0 3 1

☐

(Check if address
is changed)

D A Y T O N

CITY ▲

O H

STATE ▲

4 5 4 0 2

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

☐

(Check if address
is changed)

R E A L 2 0 1 4 @ O U T L O O K . C O M

Optional Second E-Mail Address

L A S O N 7 0 1 @ Y A H O O . C O M

COMMITTEE'S WEB PAGE ADDRESS (URL)

☐

(Check if address
is changed)

H T T P : / / W W W . R E A L S P A C . C O M

2. DATE

1 0

0 8

2 0 1 4

3. FEC IDENTIFICATION NUMBER ►

C 0 0 5 6 8 5 3 5

4. IS THIS STATEMENT

☐

NEW (N)

OR

☒

AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JILL WILSON

Signature of Treasurer

Jill Wilson

[Electronically Signed]

Date

1 0

0 8

2 0 1 4

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of Candidate

Candidate Party Affiliation

Office Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of Candidate

Party Committee:

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party.

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:
- ☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization
- ☐ Membership Organization ☐ Trade Association ☐ Cooperative
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- (f) ☒ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)
- ☐ In addition, this committee is a Lobbyist/Registrant PAC.
- ☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

Joint Fundraising Representative:

- (g) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (h) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

- | | | | |
|----|----------------------|---------------|----------------------|
| 1. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 2. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 3. | <input type="text"/> | FEC ID number | <input type="text"/> |
| 4. | <input type="text"/> | FEC ID number | <input type="text"/> |

REFORM FOR ELECTING AMERICAN LEGISLATORS

[illegible]

ZIP CODE



Full Name LAURA D. KILMER

P O B O X 1 6 2

X E N I A O H 4 5 3 8 5 -

ZIP CODE

C . E . O . Telephone number |9|3|7|-|2|1|6|-|6|2|9|1

Full Name of Treasurer J I L L W I L S O N

P O B O X 1 O O 3 1

D A Y T O N O H 4 5 4 0 2 -

ZIP CODE

TREASURER Telephone number 937-604-4449

Telephone number

9	3	7
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6	0	4
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4	4	4	9
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Full Name of
Designated
Agent

L A U R A D . K I L M E R

Mailing Address

P . O . B O X 1 6 2

X E N I A

CITY

O H

STATE

4 5 3 8 5

ZIP CODE

Title or Position

A S S T . T R E A S U R E R

Telephone number

9 3 7 - 2 1 6 - 6 2 9 1

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

F I F T H T H I R D B A N K

Mailing Address

F I F T H T H I R D C E N T E R D A Y T O N

1 S O U T H M A I N S T R E E T

D A Y T O N

CITY

O H

STATE

4 5 4 0 2

ZIP CODE

Name of Bank, Depository, etc.

Mailing Address

CITY

STATE

ZIP CODE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input checked="" type="checkbox"/> Other (Specify): <i>E-Mail</i>	Date of Receipt or Postmarked <i>10/8/2014</i>
<i>JB</i> PREPARER (8/2013)	<i>10/8/2014</i> DATE PREPARED

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